

# Texas Department of State Health Services

## HIV/STD Comprehensive Services Branch

### Reporting Coversheet

Name of Agency			
Region			
Scope of Work		Source of Funds	
Contract No.			
Quarter/Reporting Period		Year	2005
Period Covered			
Prepared By	Name: Title: Email:		

Email\* reports in MS Word or PDF format to:

[hivstdreport.tech@dshs.state.tx.us](mailto:hivstdreport.tech@dshs.state.tx.us)

and cc:

Your Field Operations Consultant (all scopes **except** EACPS and THMP)

[firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us)

Your Public Health Regional HIV/STD Program Manager

[firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us)

Your Nurse Consultant (for services only)

[firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us)

Your Quality Management Coordinator (for services only)

[firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us)

**\*If electronic submission is not an option, please contact your field operations consultant**

### Reporting due dates:

Contract	Q1	Q1 Due	Q2	Q2 Due	Q3	Q3 Due	Q4	Q4 Due
PREVF	Jan-Mar	April 20	Apr-June	July 20	July-Sept	Oct 20	Oct-Dec	Jan 20
PSHIP								
RW/SS								
RWSNP								
THMP								
EACPS	Sept-Nov	Dec 20	Dec-Feb	Mar 20	Mar-May	June 20	June-Aug	Sept 20
PREVS								
	Period 1		Due		Period 2		Due	
HOPWA	Feb-July		August 20		Aug-Feb		March 20	
STD	Jan-June		July 31		June-Dec		Jan 31	